

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service CSS	Cadre	Sub Cadre	Id No.	will be alerted by CS Division - NB
			307	
Select List Year (Allot Year)	1984			

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	Abdur		Rasid	AR
CSL No / SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	01-03-1957	Date of Retirement
				28-02-2017
Community	Assamese	Religion	Islam	
Father's Name	Late Sulomon Ali			

Birth Details

Birth Place	Dampur	Birth State/UT	Assam	Nationality	Indian
Birth District	Kamsup	Mother Tongue	Assamese		
Domicile	Assam	Physically Handicap Status			
Blood Group	B+	Identification Marks	one cut mark on right hand		

Marital Details

Marital Status	Married	Spouse Name	Ms. Shina Begum
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	Selection grade	Joining Date	24-2-1984	Retirement Details	
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Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	Assamese	✓	✓	✓
	2	Hindi	✓	✓	✓
	3	Bengali	✓	✓	✓
	4				
	5				
Foreign Lang. Known	1	English	✓	✓	✓
	2				
	3				

Address Details

Permanant Address	P.O. & Till - Dampur. P.S. - Hajo, Dist - Kamrup (Assam)		City	Gurahaahati
	State/UT	Assam	Pin Code	781102
Present Contact Address	o/o the Executive Engineer North Gurahaahati Division Brahmaputra Board, Ahly-30		City	North Gurahaahati
	State/UT	Assam	Pin Code	781030
	Phone (Off)		Fax.	
	Phone (Res)		Mob No	9435208123
	E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)

Qualification	Discipline		Specialization 1
Bsc.	Science		
Year	Division	CGPA	Specialization 2
1988	Simple.		
Institution	University	Place	Country
pscagiyotish college	Cuwahaty.	Cuwahaty	India.

Experience

Type of Posting	Level		
LDC	(11) Grade.		
Designation	Present Position		
LDC	U.D.C.		
Ministry	Department		
Ministry of Water Resources.	Brahmaputra Board		
Office	Place		
Cuwahaty Circle. N.C.	North Cuwahaty		
Experience Subject	Period of Posting		
Major	Minor	From	To

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject

Training

Training Year	Training Name	Training Subject		
Level	Institute Name, Place	Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority	Period of Training		Duration	Result
	From	To	(in Weeks)	<input type="radio"/> Qualified
				<input type="radio"/> Not Qualified

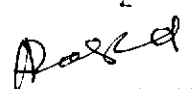
Awards/Publications

Type of Activity :	<input type="radio"/> Academic	<input type="radio"/> Non Academic		
Activity Area	Activity Subject	Activity Title		
Day	Month	Year	Activity Description/Remarks	Level

Note: (i) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : _____ Place : _____
Information checked and verified - by _____


Signature of Officer

Section Officer	Ministry/Department	
E-mail Id	Room No.	Building Name :
Phone No.	Wing No.	